

UNITED STATES BANKRUPTCY COURT, Southern		DISTRICT OF New York	PROOF OF CLAIM												
Name of Debtor <b>Delphi Corporation</b>		Case Number <b>05-44481</b>													
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.															
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>Jose C. Alfaro and Martha Alfaro</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.													
Name and address where notices should be sent: <b>Jose C. and Martha Alfaro c/o Don C. Staab, Attorney at Law 1301 Oak Street, Hays, KS 67601 Telephone number: 785-628-8517</b>		Claim #19543 USBC SDNY Delphi Corporation, et al. 05-44481 (RDD) <b>THIS SPACE IS FOR COURT USE ONLY</b>													
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____													
<b>1. Basis for Claim</b> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td>from _____ to _____ (date) (date)</td> </tr> <tr> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Taxes</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other <u>Personal Injury Lawsuit</u></td> <td></td> </tr> </table>				<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed	<input type="checkbox"/> Money loaned	from _____ to _____ (date) (date)	<input type="checkbox"/> Personal injury/wrongful death		<input type="checkbox"/> Taxes		<input checked="" type="checkbox"/> Other <u>Personal Injury Lawsuit</u>	
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<b>2. Date debt was incurred:</b> <b>May 21, 2003</b>		<b>3. If court judgment, date obtained:</b> <b>1,500,000.00</b>													
<b>4. Total Amount of Claim at Time Case Filed:</b> <u>\$ 1,500,000.00</u> <span style="float: right;">(unsecured) (secured) (priority) (Total)</span> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.															
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>													
<b>6. Unsecured Nonpriority Claim</b> \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>THIS SPACE IS FOR COURT USE ONLY</b>													
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		<b>RECEIVED</b> <b>AUG 10 2009</b> <b>KURTZMAN CARSON CONSULTANTS</b>													
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.															
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim															
Date <b>7-25-06</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>Jose C. Alfaro and Martha Alfaro</b>														

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Date Stamped Copy Returned  
 No self addressed stamped envelope  
 No copy to return

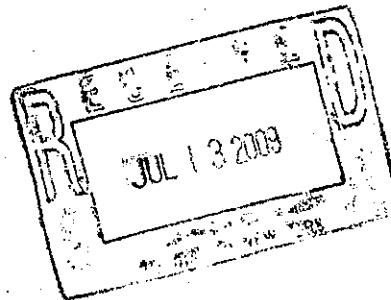
**Exhibit**

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054448109071300000000540

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK



-----X-----  
In re: : Chapter 11  
: Case No. 05-44481 (RDD)  
: Debtors : (Jointly Administered)  
-----X-----

**ENTRY OF APPEARANCE PRO SE**  
**of JOSE C. ALFARO AND MARTHA ALFARO,**  
**HUSBAND AND WIFE**

COMES NOW Jose C. Alfaro and Martha Alfaro, who place of residence and correct post mailing address is 304 West 5<sup>th</sup> Street., Goodland, Kansas 67735, and enter their appearance pro se in the captioned case for the reasons as are hereinafter set forth:

1. On or about the 25<sup>th</sup> day of July 2006 Jose C. and Martha Alfaro, husband and wife, filed a personal injury claim against Delphi Corporation, et al., a copy of which is hereto attached, Marked Exhibit "A", and made a part hereof as though written out herein in full) through their attorneys of record, Don C. Staab, 1301 Oak Street, Hays, Ks 67601. The attorneys representing the Claimants were later changed to Bendenelli Law Office, P.C. Plaza North, Suite 10, 11184 Huron Street, Denver, CO 80234.

2. Claimants recently received notice from Bendenelli Law Office, stating that it would be in their best interest of claimants if they represented themselves pro se in the settlement of the Delphi Corporation Bankruptcy cases.

3. For the reasons herein stated, claimants Jose C. Alfaro and Martha Alfaro, hereby enter their appearance pro se in the captioned case, and ask that all further correspondence,

notice of hearings or other official documentation issued by the Bankruptcy Court or the attorneys representing Delphi Corporation be addressed as follows:

Joe C. and Martha Alfaro  
304 West 5<sup>th</sup> Street  
Goodland, Ks 67735

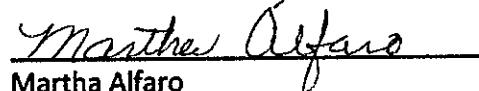
If the court prefers, claimants may be e-mailed at: peteagld@yahoo.com.

Dated at Goodland, Ks this 7<sup>th</sup> day of July, 2009.

Respectfully submitted:



Jose C. Alfaro



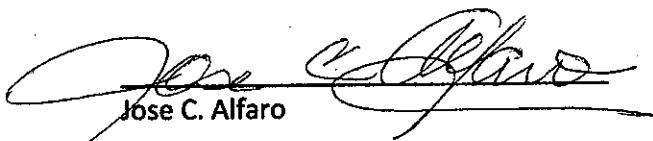
Martha Alfaro

#### AFFIDAVIT OF MAILING

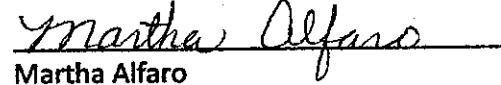
Jose C. and Martha Alfaro hereby certify that a signed copy of the foregoing personal appearance was mailed to:

U.S. Bankruptcy Court  
Southern District of New York  
1 Bowling Green  
New York, New York 10004

on this 7<sup>th</sup> day of July, 2009.



Jose C. Alfaro



Martha Alfaro